

Applicant Review Panel
Application Review and Quality Control Sheet

Applicant Name: <u>David Arms</u>			
Date Received: <u>1/29/13</u>		Applicant Number: <u>5014</u>	
Recommended Applicant Pool Status:		Final Applicant Pool Status:	
<input type="checkbox"/> Included	<input checked="" type="checkbox"/> Removed	<input type="checkbox"/> Included	<input checked="" type="checkbox"/> Removed

REQUIREMENTS:

1. Was the application received before the submission deadline?

☒ Yes ☐ No

If NO, list time/date application was received: _____

2. Is the application complete?

☒ Yes ☐ No

If NO, list the item(s) that need to be completed:

3. Indicate how the applicant responded to the following questions:

A. Reside in the City of Austin?

☒ Yes ☐ No

B. Currently licensed CPA by the TSBPA?

☐ Yes ☒ No

If YES, list the license number: _____

i. Was the license number verified against TSBPA data?

☐ Yes ☐ No

C. Has at least 5 years of auditing experience?

☐ Yes ☒ No

If YES:

i. Did the applicant list at least 5 years of audit experience?

☐ Yes ☐ No

❖ **Follow-up needed related to REQUIREMENTS?**

☐ Yes ☒ No

If YES, identify issue(s) addressed and disposition:

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CONFLICTS OF INTEREST:

4. Did the applicant respond "Yes" to any conflict of interest questions?

☐ Yes ☒ No

If YES, indicate which question(s):

❖ **Follow-up needed related to CONFLICTS OF INTEREST?**

☐ Yes ☒ No

If YES, identify issue(s) addressed and disposition:

CONSISTENCY:

5. Are applicant answers consistent?

☒ Yes ☐ No

If NO, indicate which answer(s):

❖ **Follow-up needed related to CONSISTENCY?**

☐ Yes ☒ No

If YES, identify issue(s) addressed and disposition:

Application Reviewed By: <u>BL</u>	Review Date: <u>2/5/13</u>
Quality Control Review By: <u>PHH</u>	QC Review Date: <u>2/6/13</u>
Follow-up Contact(s) Reviewed By: _____	Date: _____